05/08/2006 15:14

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Author	rized Committee	Office Use	Only
	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
American Academy of Family	Physicians Political Action Commi	ttee		
ADDRESS (number and street)	2021 Massachusetts Avenue, N	\W 		
Check if different				
than previously reported. (ACC)	Washington		DC 2000	36
2. FEC IDENTIFICATION NUM	BER ♥ CITY	L	STATE A ZI	PCODE A
C00411553	3. IS THE REPO	·	X AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20		H	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	Mar 20	(M3) Jun 20 (M6)	Sep 20 (M9)	(Non-Election Year Only)
X April 15	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(Q	1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report(Q2 October 15	Report for the:	Convention (12C)	Special (12G)	
Quarterly Report(Q3 January 31 Quarterly Report(YE		n		n the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election o	n .		n the State of
5. Covering Period 0.1	01 2006	through 0 3	31 2006	
I certify that I have examined this F	Report and to the best of my knowled	edge and belief it is true, correc	et and complete.	
Type or Print Name of Treasurer	naildeli K. Wexler, MD			
Signature of Treasurer Electron	nically Filed by Randell K. Wexle	r, MD	Date 05 08	2006
NOTE : Submission of false, erron	eous, or incomplete information materials	ay subject the person signing t	his Report to the penalties of	f 2 U.S.C 437g.
Office Use				FORM 3X 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Report Covering the Period: From:	01 2006	To: 0 3 3 1 2 0 0 6
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2006 Y2006		140251.75
(b) Cash on Hand at Begining of Reporting Period	140251.75	
(c) Total Receipts (from Line 19)	41462.86	41462.86
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	181714.61	181714.61
Total Disbursements (from Line 31)	28551.46	28551.46
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	153163.15	153163.15
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

м м 0 1 D D D

^Y 2 0 0 6

. 03^M

^D 31

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Con (a)	tributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	36804.98	36804.98
	(ii) Unitemized	4657.88	4657.88
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	41462.86	41462.86
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41462.86	41462.86
	nsfers From Affiliated/Other y Committees	0.00	0.00
13. All L	oans Received	0.00	0.00
14. Loai 15. Offs	n Repayments Received	0.00	0.00
(Ref	ry Totals to Line 37, page 5)	0.00	0.00
to F	ederal candidates and Other lical Committees	0.00	0.00
	er Federal Receipts idends, Interest, etc.)	0.00	0.00
	nsfers from Non-Federal and Levin Funds		
(a)	Non-Federal Account (from Schedule H3)	0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
(c)	Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	al Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	41462.86	41462.86
	al Federal Receipts otract Line 18(c) from Line 19)	41462.86	41462.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal	2.0 2.000	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	554.40	551.40
	Expenditures	551.46	551.46
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	551.46	551.46
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
Ο.	Federal Candidates/Committees	28000.00	28000.00
4.	and Other Political Committees	20000.00	2000.00
	(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	Ī	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(1) reueral Stiale		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28551.46	28551.46
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	00554.40	00551.10
	from Line 31)	28551.46	28551.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	41462.86	41462.86
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	41462.86	41462.86
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	551.46	551.46
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	551.46	551.46

S	SCHEDULE A (FEC Form 3X)		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 6 / 39		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
•••	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Academy of Family Physicians	_				
A.	Full Name (Last, First, Middle Initial) Marcus G Abadie, MD			Date of Receipt		
	Mailing Address 117 Medical Cir			03 10 2006		
	City	State	Zip Code	Transaction ID: C204212		
	Athens	TX	75751-9003	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		300.00		
	Lakoland Modical Accordat	Occupation Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		300.00			
	Other (specify) ▼	1 1	300.00			
— В.	Full Name (Last, First, Middle Initial) Jerome W Bentz, MD			Date of Receipt		
В.	Mailing Address 601 E 7th St			M M / D D / Y Y Y Y		
	PO Box 818			02 14 2006		
	City	State	Zip Code	Transaction ID: C202214		
	Platte	SD	57369-2123	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Platta Haalth Cántar	Occupation Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	0 0	230.00			
C.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD			Date of Receipt		
	Mailing Address 830 Arbor Ln			02 15 7 2006		
	City	State	Zip Code	Transaction ID: C202220		
	Glenview	IL	60025-3234	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
	Name of Employer	Occupation	1	7		
	Family Mediciné Associates of Lutheran	Physiciar				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼	0 0		1		
s	UBTOTAL of Receipts This Page (optional)			800.00		
			·			
1 T	OTAL This Period (last page this line number only	′)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/39
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD			Date of Receipt
	Mailing Address 830 Arbor Ln	03 / 23 / 4 2006		
	City	State	Zip Code	Transaction ID: C204604
	Glenview	IL	60025-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Family Medicine Associates of Lutheran	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Theresa M Campbell, MD			Date of Receipt
	Mailing Address 2200 N Kimball St Ste 400			02 15 7 2006
	City	State	Zip Code	Transaction ID: C202216
	Mitchell	SD	57301-1199	Amount of Each Receipt this Period
	FEC ID number of contributing		* * * * * *	050.00
	federal political committee.	C		250.00
	Name of Employer Self Emlployed	Occupation Physician	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) David Adam Carlyle, MD			Date of Receipt
	Mailing Address PO Box 3014			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C174399
	Ames	IA	50010-3014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Family Medicine East	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00

COUEDINE A (EEC Form OV)		[FOR LINE NUMBER: PAGE 8/39
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atamante mav	not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Donald Andrew Carney, MD			Date of Receipt
	Mailing Address 117 Medical cir			03 10 2006
	City	State	Zip Code	Transaction ID: C204213
	Athens	TX	75751-3407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Lakeland Medical Associat- es	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Douglas W Curran, MD			Date of Receipt
	Mailing Address 117 Medical Cir	M M / D D / Y Y Y Y		
	211		7. 0	03 10 2006
	City	State	Zip Code	Transaction ID: C204484
	Athens	TX	75751-9003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Lakeland Medical Accociat-	Occupation		
	es	Physician	Year-to-Date ▼	
	Receipt For: Primary General	Aggregate	rear-to-date V	,
	Other (specify)		300.00	
C.	Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
	Mailing Address 804 Huntington Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C201865
	Albany	NY	12203-6015	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Prime Care Physicians	Occupation		
		Physician		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	☐ Office (Specify) ♥		1 1 1 1 1 1 1	1
_	UDTOTAL of Descripts This Descriptor in			1600.00
S	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Llee consyste colodula(a)	FOR LINE NUMBER: PAGE 9 / 39
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Academy of Family Physicial	ns Political	Action Committee	
Full Name (Last, First, Middle Initial) A. Jose M David, MD				Date of Receipt
	Mailing Address 804 Huntington Ct			03 23 2006
	City Albany	State NY	Zip Code 12203-6015	Transaction ID: C204627 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Prime Care Physicians	Occupation Physician	าร	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
В.	Full Name (Last, First, Middle Initial) Joe D Davison, MD			Date of Receipt
	Mailing Address 8200 W Central Ave Ste ONE			02 07 2006
	City	State	Zip Code	Transaction ID: C201901
	Wichita FEC ID number of contributing federal political committee.	C	67212-3661	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Bradley J Fedderly, MD			Date of Receipt
	Mailing Address 7901 N Mohawk Rd			02 02 2006
	City	State	Zip Code	Transaction ID: C201868
	Milwaukee	WI	53217-3125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Covenant Medical Group	Occupation Family P		
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 39		
	EMIZED RECEIPTS		or each category of the	(check only one)		
TEMELE REGENT TO		Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17		
An	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions		
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	American Academy of Family Physicians	Political A	Action Committee			
۹.	Full Name (Last, First, Middle Initial) Michael O Fleming, MD			Date of Receipt		
	Mailing Address The Family Doctors 8383 Millicent Way	03 27 2006				
	City	State	Zip Code	Transaction ID: C214393		
	Shreveport	LA	71115-5207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		5000.00		
	The Family Doctors	Occupation Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00			
3.	Full Name (Last, First, Middle Initial) Mary E Frank, MD			Date of Receipt		
	Mailing Address 13 Park Ter			0 1 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C174398		
	Mill Valley	CA	94941-2945	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		2500.00		
	Primary Cará Accadiatae	Occupation Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		2500.00			
 C.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt		
	Mailing Address 1600 Providence Dr			0 2		
	City	State	Zip Code	Transaction ID: C201904		
	Waco	TX	76707-2261	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Family Practice Contor	Occupation Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
s	UBTOTAL of Receipts This Page (optional)		>	8000.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 39
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and Sta	tomonto mo	, not be cold or used by any norce	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	rnot be sold of used by any perso fress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physician	s Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Michael H Hartsell, MD			Date of Receipt
	Mailing Address 314 Tusculum Blvd			03 / 22 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C204596
	Greeneville	TN	37745-3926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Summit Medical Group	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Lori joan Heim, MD			Date of Receipt
	Mailing Address 10202 Wauna St SW	01 15 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C173276
	Lakewood	WA	98498-3853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer US air force	Occupation physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
٠.	Mailing Address 1305 W 18th St			M M / D D / Y Y Y Y
	PO Box 5039			01 27 2006
	City	State	Zip Code	Transaction ID: C201864
	Sioux Falls	SD	57105-0401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Sioux Valley Health Syste-	Occupation		
	ms Receipt For:	Physician	Year-to-Date ▼	-
	Primary General	Aggregate		1
	Other (specify) ▼		1500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
			<u> </u>	
T	OTAL This Period (last page this line number or	nlv)		

COLIEDIU E A /EEO Earm OV)		EDIII E A (FEC Form 3Y)		FOR LINE NUMBER: PAGE 12/39
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physician	s Political /	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
	Mailing Address 1305 W 18th St PO Box 5039			02 / 22 / 2006
	City	State	Zip Code	Transaction ID: C202359
	Sioux Falls	SD	57105-0401	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Sioux Valley Health Syste- ms	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		1500.00	
				·
— В.	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
	Mailing Address 1305 W 18th St	M M / D D / Y Y Y Y		
	PO Box 5039			03 23 2006
	City	State	Zip Code	Transaction ID: C204608
	Sioux Falls	SD	57105-0401	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Sioux Valley Health Syste-	Occupation		
	ms	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1500.00	1
	Other (specify) ▼		1300.00	
	Full Name (Last, First, Middle Initial)			
C.	Norman L Jennings, MD			Date of Receipt
	Mailing Address 1166 Oval Dr			03 / 10 / 2006
	City	State	Zip Code	Transaction ID: C204485
	Athens	TX	75751-3636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Lakeland Medical Associat-	Occupation	1	7
	Lakeland Medical Associates	Physician		
	Receipt For:		Year-to-Date ▼	7
	Primary General	33. 230		1
	Other (specify)		300.00	
				4
_	UDTOTAL (D. 11. TIL D. 11. TIL			1300.00
L _S	UBTOTAL of Receipts This Page (optional)		······	

0	CHEDIII E A /EEC Earm 2V)]		FOR LINE NUMBER: PAGE 13/39	
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso		
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.	
abla	NAME OF COMMITTEE (In Full)				
\rangle	American Academy of Family Physician	ns Political	Action Committee		
Α.	Full Name (Last, First, Middle Initial) Norman B Kahn, Jr			Date of Receipt	
	Mailing Address 11400 Tomahawk Creel	k Pkwy		03 21 2006	
	City	State	Zip Code	Transaction ID: C204600	
	Leawood	KS	66211-2672	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer AAFP	Occupation Physician			
	Receipt For:		Year-to-Date ▼		
	Primary General	1 1		1	
	Other (specify) ▼		365.00		
В.	Full Name (Last, First, Middle Initial) Rick Kellerman, MD			Date of Receipt	
	Mailing Address	M M / D D / Y Y Y Y			
	1010 N Kansas St		7. 0.	02 08 2006	
	City	State	Zip Code	Transaction ID: C201914	
	Wichita	KS	67214-3124	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		1000.00	
	federal political committee.				
	Name of Employer Kansas University School	Occupation	1	7	
	of Medicine	Physiciar	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	1000.00	1	
	Other (specify) ▼		1000.00	J.	
_	Full Name (Last, First, Middle Initial)			Pate of Breside	
C.	Michael L Kennedy, MD Mailing Address Mail Stop 4010			Date of Receipt	
	Mailing Address Mail Stop 4010 3901 Rainbow Blvd			02 04 2006	
	City	State	Zip Code	Transaction ID: C201869	
	Kansas City	KS	66160-0004	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	1	\dashv	
	Name of Employer Univ. of Kansas School of		Professor Family Medicine		
	Medicine Receipt For:		Year-to-Date ▼	_	
	Primary General	33 -3-10		1	
	Other (specify) ▼	, .	250.00		
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s	UBTOTAL of Receipts This Page (optional)			1615.00	
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/39
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) James Darrel King, MD			Date of Receipt
	Mailing Address 1 Prime Care Dr			01 11 2006
	City	State	Zip Code	Transaction ID: C173259
	Selmer	TN	38375-1864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer Primecare Medical Center	Occupation Physician		
	Receipt For:		Year-to-Date ▼	_
	Primary General			1
	Other (specify) ▼		1249.98	
В.	Full Name (Last, First, Middle Initial) James Darrel King, MD			Date of Receipt
	Mailing Address 1 Prime Care Dr			0 2 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: C202211
	Selmer	TN	38375-1864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer Primecare Medical Center	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date V	
	Primary General Other (specify) ▼		1249.98	
_	Full Name (Last, First, Middle Initial)			4
C.	James Darrel King, MD			Date of Receipt
	Mailing Address 1 Prime Care Dr			03 / 13 / 2006
	City	State	Zip Code	Transaction ID: C204578
	Selmer	TN	38375-1864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer Primecare Medical Center	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1249.98	
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s	UBTOTAL of Receipts This Page (optional)			1249.98
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	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/39
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
/	` ,	na Dalitiaal	Action Committee	
/	American Academy of Family Physician	ns Political	Action Committee	
	Full Name (Last, First, Middle Initial)			
۹.	Lori A Krome. MD			Date of Receipt
	Mailing Address P O Box 8			M M / D D / Y Y Y Y
				02 15 2006
	City	State	Zip Code	Transaction ID: C202217
	Dell Rapids	SD	57022-0008	Amount of Each Receipt this Period
	•	<u> </u>	0.022 0000	Attribute of Edot Freedipt this Forest
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Dell Rapids Medical Clinic	Occupation	า	
	Dell Rapids Medical Clinic	Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				·
	Full Name (Last, First, Middle Initial)			
3.	Susan E Langbehn, MD			Date of Receipt
	Mailing Address 808 Spencer Dr			M M / D D / Y Y Y Y
				01 25 2006
	City	State	Zip Code	Transaction ID: C175152
	<u>Iowa City</u>	IA	52246-1820	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	•			
	Name of Employer	Occupation		
	Name of Employer University of Iowa	Occupation Physician		
	Name of Employer University of Iowa Receipt For:	Physiciar		
	University of lowa	Physiciar	n Year-to-Date ▼	1
	University of Iowa Receipt For:	Physiciar	1	
	Receipt For: Primary General	Physiciar	n Year-to-Date ▼	
_	Receipt For: Primary General Other (specify)	Physiciar	n Year-to-Date ▼]
D .	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD	Physiciar	n Year-to-Date ▼	Date of Receipt
D .	Receipt For: Primary General Other (specify)	Physiciar	n Year-to-Date ▼	M M / D D / Y Y Y Y
.	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr	Physician Aggregate	n e Year-to-Date ▼ 490.00	02 09 7 2006
 C.	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City	Physician Aggregate State	Year-to-Date ▼ 490.00 Zip Code	0 2 0 9 2 0 0 6 Transaction ID: C202212
. .	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr	Physician Aggregate	n e Year-to-Date ▼ 490.00	02 09 7 2006
	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City	Physiciar Aggregate State IA	Year-to-Date ▼ 490.00 Zip Code	Transaction ID: C202212 Amount of Each Receipt this Period
D .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City	Physician Aggregate State	Year-to-Date ▼ 490.00 Zip Code	0 2 0 9 2 0 0 6 Transaction ID: C202212
D .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee.	Physician Aggregate State IA	A Year-to-Date ▼ 490.00 Zip Code 52246-1820	Transaction ID: C202212 Amount of Each Receipt this Period
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing	Physician Aggregate State IA C	Zip Code 52246-1820	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa	State IA C Occupation Physician	Zip Code 52246-1820	Transaction ID: C202212 Amount of Each Receipt this Period
D.	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For:	State IA C Occupation Physician	Zip Code 52246-1820	Transaction ID: C202212 Amount of Each Receipt this Period
C .	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For: Primary General	State IA C Occupation Physician	Zip Code 52246-1820	Transaction ID: C202212 Amount of Each Receipt this Period
D.	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For:	State IA C Occupation Physician	Zip Code 52246-1820 A Year-to-Date ▼	Transaction ID: C202212 Amount of Each Receipt this Period
D.	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For: Primary General	State IA C Occupation Physician	Zip Code 52246-1820 A Year-to-Date ▼	Transaction ID: C202212 Amount of Each Receipt this Period
D.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For: Primary General Other (specify) The contribution of the contr	State IA C Occupation Physician Aggregate	Zip Code 52246-1820 A 90.00 A 90.00	Transaction ID: C202212 Amount of Each Receipt this Period 365.00
S.	University of Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For: Primary General	State IA C Occupation Physician Aggregate	Zip Code 52246-1820 A 90.00 A 90.00	Transaction ID: C202212 Amount of Each Receipt this Period 365.00
S.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Susan E Langbehn, MD Mailing Address 808 Spencer Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For: Primary General Other (specify) The contribution of the contr	State IA C Occupation Physician Aggregate	Zip Code 52246-1820 2 Year-to-Date ▼ 490.00	Transaction ID: C202212 Amount of Each Receipt this Period 365.00

S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 16/39
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)	a a		
$ \rangle$	American Academy of Family Physician	s Political	Action Committee	
	American Academy of Family Frigorian	is i dillical i	Action Committee	
_	Full Name (Last, First, Middle Initial)			
Α.	Keith Jay Lehman, MD			Date of Receipt
	Mailing Address Archbold Med Group 121 Westfield Dr			03 16 2006
	City	State	Zip Code	Transaction ID: C204560
	Archbold	OH	43502-1065	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Francisco	10		
	Name of Employer Midwest Community Health	Occupation Physician		
	Associates Receipt For:	· ·	Year-to-Date ▼	+
	Primary General	7.99.094.0	Total to Bate V	1
	Other (specify) ▼	1	250.00	
	Full Name (Last, First, Middle Initial)			5. (5
В.				Date of Receipt
	Mailing Address 117 Medical Cir			03 10 2006
	City	State	Zip Code	Transaction ID: C204486
	Athens	TX	75751-9003	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer	Occupation	า	-
	Lakeland Medical Associat-	Physician		
	es Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify)		300.00	
C.	Full Name (Last, First, Middle Initial) Virgilio Licona, MD			Date of Receipt
	Mailing Address Salud Family HIth Center	ers		M M / D D / Y Y Y Y
	1115 2nd St			03 11 2006
	City	State	Zip Code	Transaction ID: C204519
	Fort Lupton	CO	80621-1745	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation		
	Salud Family Héalth Center	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
	Other (specify) \	0 0	1 1 1 1 1 1 1	1
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s	UBTOTAL of Receipts This Page (optional)			1050.00
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9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17/39		
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			Detailed Summary Page	13 14 15 16 17		
Δr	y information copied from such Reports and Sta	tements may	not be sold or used by any ners			
or	for commercial purposes, other than using the n	ame and add	ress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Academy of Family Physician	s Political	Action Committee			
	Full Name (Last, First, Middle Initial)					
Α.	Patricia Jean Lindholm, MD			Date of Receipt		
	Mailing Address 615 S Mill St			0 1 2 6 Y Y Y Y Y		
	Cit.	01-1-	7:- O-d-			
	City	State	Zip Code	Transaction ID: C175162		
	Fergus Falls	MN	56537-2738	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		125.00		
	federal political committee.					
	Name of Employer	Occupation	1	\dashv		
	Name of Employer Fergus Falls Medical Grou- p. PA	physician				
	Receipt For:		Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼	1	625.00			
				_		
	Full Name (Last, First, Middle Initial)					
В.	Patricia Jean Lindholm, MD			Date of Receipt		
	Mailing Address 615 S Mill St			M M / D D / Y Y Y Y		
			7.0.1	02 02 2006		
	City	State	Zip Code	Transaction ID: C201866		
	Fergus Falls	MN	56537-2738	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.	0				
	Name of Employer	Occupation]			
	Name of Employer Fergus Falls Medical Grou- p, PA	physician				
	Receipt For:	, · · ·	Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼		625.00			
				-		
_	Full Name (Last, First, Middle Initial)					
C.	Leah Raye Raye Mabry, MD			Date of Receipt		
	Mailing Address 339 S Presa St			0 1 2 6 2 0 0 6		
	Oit.	04-4-	Zin Ondo			
	City	State	Zip Code	Transaction ID: C201809		
	San Antonio	TX	78205-3425	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		100.00		
	federal political committee.					
	Name of Employer Christus Health Care	Occupation	1	\exists		
Christus Health Care Physicia		Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		300.00]]		
s	UBTOTAL of Receipts This Page (optional)			725.00		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/39
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or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and ado	r not be sold or used by any person dress of any political committee to	solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicians	Political	Action Committee	_
A.	Full Name (Last, First, Middle Initial) A. Leah Raye Raye Mabry, MD			Date of Receipt
	Mailing Address 339 S Presa St			02 22 2006
	City	State	Zip Code	Transaction ID: C202360
	San Antonio	TX	78205-3425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Christus Hoolth Caro	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Leah Raye Raye Mabry, MD			Date of Receipt
٥.	Mailing Address 339 S Presa St			M M / D D / Y Y Y Y
				03 23 2006
	City	State	Zip Code	Transaction ID: C204612
	San Antonio	TX	78205-3425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Christus Hoolth Coro	Occupation Physician		
	Receipt For:	•	Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼		300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael L Madden, MD			Date of Receipt
	Mailing Address 4907 Windermere Blvd			03 21 2006
	City	State	Zip Code	
	Alexandria	LA	71303-2459	Transaction ID: C204601 Amount of Each Receipt this Period
			7 1000 2400	
	FEC ID number of contributing federal political committee.	C		365.00
	1 6 11 1160	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼		365.00	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/39		
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Academy of Family Physicians	s Political	Action Committee			
Α.	Full Name (Last, First, Middle Initial) Waleed Mahmoud, DO			Date of Receipt		
	Mailing Address 117 Medical Cir			03 10 2006		
	City	State	Zip Code	Transaction ID: C204487		
	Athens	TX	75751-9003	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Lakeland Medical Associat- es	Occupation Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		200.00	1		
	Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Renee L Markovich, MD			Date of Receipt		
	Mailing Address West Side Family Practice 400 Wabash Ave	ce		03 09 2006		
	City	State	Zip Code	Transaction ID: C204138		
	Akron	OH	44307-2433	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer Akron General Medical Cen-	Occupation	<u> </u>	7		
	Akron General Medical Cen- ter	Physiciar	ı			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	-	205.00	1		
	Other (specify) ▼		365.00			
<u>С</u> .	Full Name (Last, First, Middle Initial) David A McInnes, MD			Date of Receipt		
	Mailing Address St Vincent Family Medici 2627 Riverside Ave	ine Ctr		01 02 2006		
	City	State	Zip Code	Transaction ID: C173105		
	Jacksonville	FL	32204-4712	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
	Name of Employer ST. VINCENT'S MEDICAL CEN- TER	Occupation PHYSICI				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	1 1	050.00	1		
	Other (specify)		250.00	J.		
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s	UBTOTAL of Receipts This Page (optional)			915.00		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 20/39	
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or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Academy of Family Physician	ns Political	Action Committee		
A.	Full Name (Last, First, Middle Initial) Charles Ted Mettetal, MD			Date of Receipt	
	Mailing Address 117 Medical Cir	Chaha	7:a Oada	03 10	2006
	City Athens	State TX	Zip Code 75751-3645	Transaction ID: C2	
		1/	73731-3643	Amount of Each Rec	elpt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Lakeland Medical Associat- es	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)	0 0			
В.	·			Date of Receipt	
	Mailing Address Memorial Family Med R 7737 Southwest Fwy St	e 400		01 26	2006
	City	State	Zip Code	Transaction ID: C175161	
	Houston	TX	77074-1804	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer MHHS	Occupation	1	7	
	MHHS	Physiciar	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
C.	Full Name (Last, First, Middle Initial) Dale C Moquist, MD			Date of Receipt	
	Mailing Address Memorial Family Med R 7737 Southwest Fwy St			02 22	2006
	City	State	Zip Code	Transaction ID: C2	
	Houston	TX	77074-1804	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer MHHS	Occupation Physician]	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00		
	Other (specify) 🔻	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)				500.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21/39	
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		Detailed Summary Page	13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Academy of Family Physic	ians Political	Action Committee		
Full Name (Last, First, Middle Initial) A. Dale C Moquist, MD			Date of Receipt	
Mailing Address Memorial Family Med 7737 Southwest Fwy			03 / 27 / 2006	
City	State	Zip Code	Transaction ID: C214392	
Houston	TX	77074-1804	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer MHHS	Occupatio Physicia			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		300.00		
Cirior (opeony)	0 0		1	
Full Name (Last, First, Middle Initial) 3. Robert Milton Pallay, MD	•		Date of Receipt	
Mailing Address 649 US Highway 206	Mailing Address 649 US Highway 206			
City	Zip Code	0 3 1 1 2 0 0 6 Transaction ID: C204520		
Hillsborough	State NJ	08844-1520	Amount of Each Receipt this Period	
FEC ID number of contributing	С		365.00	
federal political committee.	C		000.00	
Name of Employer Dimensional Healthcare	Occupatio			
Receipt For:	Physicial Aggregate	n e Year-to-Date ▼		
Primary General	riggregati		1	
Other (specify) ▼	0 0	365.00		
Full Name (Last, First, Middle Initial) Daniel H Reiffenberger, MD			Date of Receipt	
Mailing Address 4100 Golf Course Rd	I		02 22 2006	
City	State	Zip Code	Transaction ID: C202355	
Watertown	SD	57201-5416	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		365.00	
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Primary General Other (specify) ▼	0 0	365.00]	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political	Action Committee	
Α.	Community Health Care Inc	State OH C Occupation Family Pl Aggregate		Date of Receipt M M M / 25 / 2006 Transaction ID: C214384 Amount of Each Receipt this Period 500.00
3.	Full Name (Last, First, Middle Initial) Michael Sevilla, MD Mailing Address 2370 Southeast Blvd Family Practice Ctr of Sale City Salem FEC ID number of contributing federal political committee.	em State OH	Zip Code 44460-3418	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Family Practice Center of Salem, Inc. F	Occupation Physiciar Aggregate		
C.	Cook County Bureau of Hea- lth Services	State IL C C C C C C C C C C C C C		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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\setminus	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Michael D Springer			Date of Receipt
	Mailing Address 14320 Norwood St			03 09 2006
	City	State	Zip Code	Transaction ID: C204140
	Leawood	KS	66224-3912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer American Academy of Family Physicians	Occupation Publishin	n g executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00]
В.	Full Name (Last, First, Middle Initial) Donna Lippert Sullivan, MD			Date of Receipt
	Mailing Address Ft Collins Fam Med Ctr 1025 Pennock Pl			0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C201902
	Fort Collins	CO	80524-3257	Amount of Each Receipt this Period
	Fort Collins FEC ID number of contributing federal political committee.	CO	80524-3257	
	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medici-	C		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation Physician		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency	Occupation Physician	n n Year-to-Date ▼	Amount of Each Receipt this Period
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	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency Receipt For: Primary General	Occupation Physician	n n Year-to-Date ▼	Amount of Each Receipt this Period
c.	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Physician Aggregate	n n Year-to-Date ▼	Amount of Each Receipt this Period 400.00 Date of Receipt
 C.	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Daniel A Walters, MD	Occupation Physician Aggregate	n n Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency Receipt For: □ Primary □ General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel A Walters, MD Mailing Address 2304 E County Road 95	Occupation Physician Aggregate	Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 400.00 Date of Receipt
 C.	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Daniel A Walters, MD Mailing Address 2304 E County Road 95 City	Occupation Physician Aggregate	Year-to-Date ▼ 400.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Daniel A Walters, MD Mailing Address 2304 E County Road 95 City Seymour FEC ID number of contributing	Occupation Physician Aggregate	Zip Code 47274-9115	Amount of Each Receipt this Period 400.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c .	FEC ID number of contributing federal political committee. Name of Employer Ft. Collins Family Medicine Residency Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel A Walters, MD Mailing Address 2304 E County Road 95 City Seymour FEC ID number of contributing federal political committee. Name of Employer Caring Family Physicians Receipt For:	Occupation Physician Aggregate O N State IN C Occupation Physician	Zip Code 47274-9115	Amount of Each Receipt this Period 400.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24/39
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)		·	
American Academy of Family Physicians	s Political	Action Committee	
Full Name (Last, First, Middle Initial) 1. Thomas J Weida. MD			Date of Receipt
Mailing Address University Phys Grp Fish 845 Fishburn Rd	burn		03 10 2006
City	State	Zip Code	Transaction ID: C204211
Hershey	PA	17033-2015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Hershey Medical Center	Occupation Physician		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Joanna S Weinstock, MD			Date of Receipt
Mailing Address PO Box 51			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C173200
<u>Jericho</u>	VT	05465-0051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		420.00
Name of Employer ALder Brook Family Health	Occupation Physician		
Receipt For:		Year-to-Date ▼	
Primary General			
Other (specify) ▼		420.00	
Full Name (Last, First, Middle Initial) Mary Jo Welker, MD			Date of Receipt
Mailing Address 2231 N High St OSU-Rardin Family Prac	otica Ctr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C201913
Columbus	ОН	43201-4153	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Ohio State University	Occupation Physician		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
SUBTOTAL of Receipts This Page (optional)			5920.00
TOTAL This Period (last page this line number on	ly)	>	

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 25/39 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Randell K Wexler, MD Date of Receipt Mailing Address 540 Woodfield Ct 0.1 27 2006 City State Zip Code Transaction ID: C201862 Columbus OH 43230-7009 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer OSU Family Medicine Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Randell K Wexler, MD Date of Receipt Mailing Address 540 Woodfield Ct 03 16 2006 City Zip Code State Transaction ID: C204562 Columbus OH 43230-7009 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer OSU Family Medicine Occupation Physician Receipt For: Aggregate Year-to-Date ▼

1500.00

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\vdash	NAME OF COMMITTEE (In Full)		7.									
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$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	American Academy of Family Phys	sicians Political Action Committee					
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SUBTOTAL of Disbursements This Page (optional)	>	23.31
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SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(chec		ODE)	₹:	L P.	AGE	32 / 3	9
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21	b [22 [28a [X 23 28b	24 28c	П	25 29	26 30l
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name									•
NAME OF COMMITTEE (In Full)	and address of any political col	mmuee	to Solic	on Contin	Julions II	OIII SUCII	COITIII	iillee	
American Academy of Family Physicians P	olitical Action Committee								
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: D8657			
Charles A. Gonzalez Congressional Comm	ittee				f Disburs		V		V
Mailing Address PO Box 12612				0 2	1 1	3 /	2	0 Ď 6	
	State Zip Code FX 78212			Amoun	t of Each	Disburs	ement	this P	eriod
Purpose of Disbursement	70212		_				1	0.00	0
Campaign contribution									
Candidate Name Rep. Charles A. Gonzalez		Category Type	/						
Office Sought: X House Disburser									
Senate X President	Primary General Other (specify)								
State: TX District: 20									
Full Name (Last, First, Middle Initial)					ction ID				
Friends of Dave Weldon				Date of	f Disburs		v ° v	· V	V
Mailing Address PO Box 968				0 3	, , , , , , , , , , , , , , , , , , ,	06	Ż	0 Ď 6	
,	State Zip Code FL 32902			Amoun	t of Each	Disburs	ement	this P	eriod
Purpose of Disbursement Campaign contribution			7				. 1	0.00	0
Candidate Name		Category	,						
Rep. Dave Weldon		Туре							
Office Sought: X House Disburser Senate X	nent For: 2006 Primary General								
President	Other (specify)								
State: FL District: 15									
Full Name (Last, First, Middle Initial) Jesse Jackson, Jr. for Congress					ction ID:				
				M M	_	3 /	ΥΥΥ	0 ŏ 6	Υ
Mailing Address 7016 S. Euclid Avenue				0 3					
,	State Zip Code L 60649			Amoun	t of Each	Disburs	ement	this P	eriod
Purpose of Disbursement Campaign contribution							. 1	000.0	0
Candidate Name		Category							
Rep. Jesse Jackson Jr. Office Sought: X House Disburse	ment For: 2006	Туре							
	Primary General								
President	Other (specify) ▼								
State: IL District: 2									
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				30	0.00	0
TOTAL This Period (last page this line number only)			•						

S	CHEDULE B (FEC Form 3X)	Use seperate sch	edule(s)	FOR LINE		PAG	GE 33/3	9
IT	EMIZED DISBURSEMENTS	for each category Detailed Summar	of the	(check only 21b 27	one) 22 X 23 28a 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							5
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	-						
	Full Name (Last, First, Middle Initial)				Transaction I	D : D17253		
۹.	McCrery for Congress				Date of Disbu	rsement		
	Mailing Address PO Box 4650				03 /	28 / Y	2006	Y
	City Shreveport	State Zip Co LA 71134	de 4-0650		Amount of Eac	ch Disbursem		
	Purpose of Disbursement Contribution						2500.0	00
	Candidate Name Rep. Jim McCrery			ategory/ Type				
	Senate X President		006 General					
	State: LA District: 4							
3.	Full Name (Last, First, Middle Initial) Schwarz for Congress				Transaction I Date of Disbu	rsement		_
	Mailing Address 6123 West Saginaw Hig	hway			03 /	0 3 /	ž 0 ŏ 6	Y
	City Lansing	State Zip Co MI 4891			Amount of Eac	ch Disbursem		-
	Purpose of Disbursement Campaign contribution						1000.0	00
	Candidate Name Rep. Joe Schwarz		0	ategory/ Type				
	-		006 General					
Э.	Full Name (Last, First, Middle Initial) Hulshof for Congress				Transaction I			
	Mailing Address PO Box 1621				03 /	02	^y 0 0 6	Y
	City Columbia	State Zip Co MO 6520			Amount of Eac	ch Disbursem	ent this P	eriod
	Purpose of Disbursement Campaign contribution						1000.0	00
	Candidate Name Rep. Kenny C. Hulshof		C	ategory/ Type				
			006 General					
s	UBTOTAL of Disbursements This Page (optional)			▶			4500.0	0
T	OTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 34/39			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b			
Any Information copied from such Reports and State or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) American Academy of Family Physicians				33311 33511111111113			
Full Name (Last, First, Middle Initial)			Transaction ID: D	8656			
A. Friends of Mark Foley			Date of Disbursem				
Mailing Address PO Box 30505			02 / 13	2006			
City Palm Beach Gardens	State Zip Code FL 33420		Amount of Each D	isbursement this Period			
Purpose of Disbursement	FL 33420			1000.00			
Campaign contribution							
Candidate Name Rep. Mark Foley		Category/ Type					
9 1	ement For: 2006 Primary General Other (specify)	7					
Full Name (Last, First, Middle Initial) B. MIKE THOMPSON FOR CONGRESS			Transaction ID: D Date of Disbursem				
Mailing Address 5429 Madison Avenue	Mailing Address 5429 Madison Avenue						
City Sacramento	State Zip Code CA 95841		Amount of Each D	isbursement this Period			
Purpose of Disbursement Campaign contributioin				1000.00			
Candidate Name Rep. Mike Thompson		Category/ Type					
	ement For: 2006 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) C. Johnson for Congress Campaign			Transaction ID: D Date of Disbursem	ent			
Mailing Address PO Box 1986			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	2006			
City New Britain	State Zip Code CT 06050		Amount of Each D	isbursement this Period			
Purpose of Disbursement Campaign contribution				2000.00			
Candidate Name Rep. Nancy L. Johnson		Category/ Type					
Senate President	ement For: 2006 (Primary General Other (specify)	·					
State: CT District: 5				4000.00			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				1000.00			

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE		P	AGE :	35 / 39	9
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check only 21b 27	one) 22 X 23 28a 28			25 [29 [26 30b
	y Information copied from such Reports and S for commercial purposes, other than using the								
\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Physic								
	Full Name (Last, First, Middle Initial)				Transaction	I D : D8699			
۹.	Nathan Deal for Congress				Date of Disbu	ırsement			_
	Mailing Address PO BOX 902 PO BOX 902				0 3 4	02/	ž	ò ó 6	Y
	City GAINESVILLE	State Zip Code GA 30503			Amount of Ea	ach Disburse	-		-
	Purpose of Disbursement Campaign contribution				L		20	0.00	0
	Candidate Name Rep. Nathan Deal		C	ategory/ Type					
	Senate President	sbursement For: 2006 X Primary General Other (specify)							
	State: GA District: 10								
3.	Full Name (Last, First, Middle Initial) Friends of Patrick Kennedy				Transaction Date of Disbu	ırsement	, · · · ·	V	V
	Mailing Address 400 C St NE Ste 201				03	09	Ż) Ď 6	
	City Washington	State Zip Code DC 20002-5818	3		Amount of Ea	ach Disburse			-
	Purpose of Disbursement Campaign contribution						10	0.00	0
	Candidate Name Rep. Patrick J. Kennedy			ategory/ Type					
	Senate President	sbursement For: 2006 X Primary General Other (specify)	•						
	State: RI District: 1 Full Name (Last, First, Middle Initial)				T	ID D0007			
С.	Phil Gingrey for US Congress				Transaction Date of Disbu	ırsement	v · v ·	γ ,	Y
	Mailing Address PO Box U				0 3	02/	20	ò ó 6	
	City Marietta	State Zip Code GA 30060			Amount of Ea	ach Disburse			-
	Purpose of Disbursement Campaign contribution			•			10	0.00	0
	Candidate Name Rep. Phil Gingrey			ategory/ Type					
	Office Sought: X House Senate President State: GA District: 11	sbursement For: 2006 X Primary General Other (specify)							
9	UBTOTAL of Disbursements This Page (opt	ional)				• • •	40	00.00	0
						• • •	-		
T	OTAL This Period (last page this line numbe	r only)							

	Use seperate schedule(s)			LINE I k only	one) VUMBE	:H:			PAGE 36/39			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	<u>`</u>	1b _	22 28a	\vdash	23 28b	ш.	24 28c	25 29	26 30b	
Any Information copied from such Reports and State or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)	no and address of any pointed		inttoo	10 3011	JIL 0011LI	ibativ	5115 111	0111 00			<u>'</u>	
American Academy of Family Physicians	Political Action Committee	ee										
Full Name (Last, First, Middle Initial)					Trans							
A. Friends of Roy Blunt					M	of Dis		ement	Y	Y Y	Y	
Mailing Address PO Box 50100					0 3		0	3 /	Ľ.	ž 0 ŏ	6	
City	State Zip Code				Amou	ınt of	Each	Disbu	ursemo	ent this	Period	
Springfield Purpose of Disbursement	MO 65805									2500	.00	
Campaign contribution												
Candidate Name Rep. Roy Blunt			egory ype	'/								
Senate President	sement For: 2006 X Primary General Other (specify)											
State: MO District: 7												
Full Name (Last, First, Middle Initial) B. Hoosiers Supporting Buyer for Congress					Trans			: D90 ement	_			
					М	M /	D	D /		ž 0 ŏ	e Y	
Mailing Address PO Box 712					0 3		<u></u>	0		200	0	
City Monticello	State Zip Code IN 47960				Amou	ınt of	Each	Disbu	ırseme	ent this	Period	
Purpose of Disbursement Campaign contribution				$\overline{1}$					-	1000	.00	
Candidate Name Rep. Steve Buyer			egory	'/								
	sement For: 2006 X Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	D17	 252			
C. Sue Myrick for Congress					Date							
Mailing Address PO Box 37091					0 ^M 3	M /	^D 2	2 8	Υ	žoŏ	6 ^Y	
City Charlotte	State Zip Code NC 28237				Amou	ınt of	Each	Disbu	urseme	ent this	Period	
Purpose of Disbursement Contribution										1000	.00	
Candidate Name Rep. Sue Myrick			egory ype	'/								
Senate President	sement For: 2006 X Primary General Other (specify)	•										
State: NC District: 9												
SUBTOTAL of Disbursements This Page (optional)	<u></u>	<u></u> _	<u> </u>						4500	.00	
TOTAL This Period (last page this line number onl	v)			<u> </u>	_					-		

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check or	E NUMBER:						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	23 28b	24 28c	25 29	26 30b		
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam							3		
NAME OF COMMITTEE (In Full)	and address of any political co	minitiee to s	SOIICIE COLIEID	JUI 61101	ii sucii C	Jillillillille e			
American Academy of Family Physicians I	Political Action Committee								
Full Name (Last, First, Middle Initial)			Transac	tion ID:	D9015				
Tom Allen for Congress				Disburser		V V V	V		
Mailing Address PO Box 17766			03	0 9	9 ′ 🗀	ž 0 ŏ 6			
City Portland	State Zip Code ME 04112		Amount	of Each [Disburser	nent this F	eriod		
Purpose of Disbursement	WE 04112					1000.0	00		
Campaign contribution									
Candidate Name Rep. Thomas H. Allen		Category/ Type							
Senate	Primary General								
State: ME District: 1	Other (specify)								
Full Name (Last, First, Middle Initial)			Transac	tion ID: [79075				
PRICE FOR CONGRESS				Disburser					
Mailing Address P.O. Box 425			03	[/] 20	D / Y	2006	Y		
City Roswell	State Zip Code GA 30077		Amount	of Each [Disburser	nent this F	Period		
Purpose of Disbursement Campaign contribution			T L.			1000.0	00		
Candidate Name Rep. Tom Price		Category/ Type							
Senate X President	ment For: 2006 Primary General Other (specify)								
State: GA District: 6									
Full Name (Last, First, Middle Initial) Citizens for Arlen Specter				tion ID: [Disburser	nent				
Mailing Address 426 C STREET NE CARRIAGE HOUSE			03	0:	2 /	ž 0 ŏ 6	Y		
City WASHINGTON	State Zip Code DC 20002		Amount	of Each [Disburser	nent this F	-		
Purpose of Disbursement Campaign contribution			T L.			1000.0	00		
Candidate Name Sen. Arlen Specter		Category/ Type							
	ment For: 2006 Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)						3000.0	00		
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SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			IE NUME nly one)	: NUMBER: PAGE 38					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	x X	23 28b	24 28c	H	25 29	26 30k
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NAME OF COMMITTEE (In Full)	and address of any political co	1111111	ilee io s	SOIICIL CO	illibu	110115 110	JIII SUCII	COITIII	iiillee	
American Academy of Family Physicians F	Political Action Committee									
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	D9026			
Friends of Craig Thomas						oisburse / D		v v	V .	V
Mailing Address PO Box 1580				0 ^M	3	1	^D /	2	0 0 6	
,	State Zip Code WY 82602			Am	ount o	of Each	Disburs	emen	t this P	eriod
Casper Purpose of Disbursement	VV Y 02002	_	_	$+ \Gamma$				1	000.0	0
Campaign contribution										
Candidate Name Sen. Craig Thomas		Cate Ty	gory/ pe							
	ment For: 2006 Primary General									
χ Senate X President	Other (specify)									
State: WY District:										
Full Name (Last, First, Middle Initial)	·- (0000)			1			D9017			
A Lot of People Who Support Jeff Bingama	in (2000)			Dat		oisburse / D	ement	Y Y	Y	Υ
Mailing Address PO Box 2048				O O	3	1	Ŏ Í	2	0 Ď 6	
,	State Zip Code NM 87103			Am	ount o	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement			•	1 L				, 2	2000.0	0
Campaign contributioin Candidate Name		Cate	gory/							
Sen. Jeff Bingaman		Ту								
	ment For: 2006									
X Senate X President	Primary General Other (specify) ▼									
State: NM District:										
Full Name (Last, First, Middle Initial) Friends of Max Baucus				-		ion ID: isburse	D8700 ement			
Mailing Address PO Box 2555				0 ^M	3 ^M	[′] 0	2 /	Ý Ž	0 ŏ 6	Y
,	State Zip Code MT 59103			Am	ount o	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	39103	•	-					2	2000.0	0
Campaign contribution Candidate Name		Cate	gory/							
Sen. Max Baucus		Ту								
X Senate X President	ment For: 2006 Primary General Other (specify)									
State: MT District:										
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>					5	0.000	0
TOTAL This Period (last page this line number only)			•					28	0.000	0

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Form/Schedule: **F3XA**Transaction ID:

Due to a software error, an on-line contribution of \$31.00 was not reflected in our April 2006 Quarterly report. We are filing an amendment to capture that contribution.